

EXECUTIVE COUNCIL OF IOWA

AGENDA

JULY 30, 2012

1. Introduction of Attendees
2. Approval of minutes of meeting held July 23, 2012
3. Personal Appearance –
 - A. Marvin Shultz, Department of Human Services will be present regarding the Iowa Individual Assistance Grant Program reconciliation for previous funds approved and request for additional funds.
TAB # 1
4. Payment of Cost Items – Page 1
5. Renewal Memberships – Pages 1 - 2
TAB #'S 2, 3, 4 and 5

4. Payment of Cost Items

- A. Dow Lohnes PLLC.....\$909. 90
1200 New Hampshire Ave NW Suite 800
Washington, DC 20036
Iowa Public Television

Julie Pottorff, Deputy Attorney General, has reviewed this invoice and recommends payment. Payment will be made from the funds of Iowa Public Television.

- B. Coppola, McConville, Coppola, Hockenberg & Scalise, P.C.....\$2,076.00
2100 Westown Parkway, Suite 210
West Des Moines, IA 50265-1539
Campaign Contributions from Fort Dodge Gambling Interests to Governor Culver

Julie Pottorff, Deputy Attorney General, has reviewed this invoice and recommends payment.

- C. LaMarca & Landry, P.C.....\$28,898.50
1820 N.W. 118th Street, Suite 200
Des Moines, IA 50325
Godfrey v. State of Iowa et al, civil rights complaint.

Julie Pottorff, Deputy Attorney General, has reviewed this invoice and recommends payment.

5. Renewal Memberships

- A. Commerce - Prof. Lic. in National Council of Architectural Registration Boards (NCARB) in the amount of \$10,500.00 for July 1, 2012 - June 30, 2013. (Previous amount was \$10,500.00.) Other agencies: No: Funding Source: Other Funds: Licensing Fees

TAB # 2

- B. Health in National Council of State Boards of Nursing (Nurse Licensure Compact Administrators Secretariat Fee) in the amount of \$3,000.00 for October 1, 2012 - September 30, 2013. (Previous amount was \$3,000.00.) Other agencies: No: Funding Source: Other Funds - Fee supported

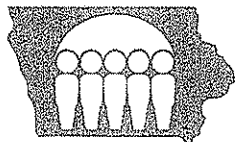
TAB # 3

- C. Health in National Council of State Boards of Nursing, Inc. in the amount of \$3,000.00 for October 1, 2012 - September 30, 2013. (Previous amount was \$3,000.00.) Other agencies: No: Funding Source: Other Funds - Fee supported

TAB # 4

- D. Human Rights in Justice Research 7 Statistics Association in the amount of \$625.00 for July 1, 2012 - June 30, 2013. (Previous amount was \$625.00.) Other agencies: No: Funding Source: State General Fund
- E. Iowa Public Television in Public Media Business Association (PMBA - Public Broadcasting Management Association) in the amount of \$925.00 for July 1, 2012 - June 30, 2013. (Previous amount was \$925.00.) Other agencies: No: Funding Source: Other Funds: CBP Funds

TAB # 5



Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

TAB # 1

JUL 24 2012

Executive Council
Attn: GeorgAnna Madsen
Capitol Building
LOCAL

Item: Governor Proclamation of a State of Disaster Emergency – Request for reconciliation of funds.

Dear Ms. Madsen:

Per past Governor Disaster Declarations, I am requesting reconciliation of funding for the Iowa Individual Assistance Grant Program be placed on the Executive Council agenda for Monday, July 30, 2012. The Iowa Department of Human Services is requesting the Executive Council adopt a Resolution for reconciliation and return of funds:

The account coding for the funds to be reconciled will be:

Dept	Fund	Appr	Unit		
401	0391	0000	1104	Monona, Sac, Buena Vista, and Pocahontas	\$140,926.38
401	0391	0000	1105	Taylor	\$ 17,740.39
401	0391	0000	1106	Woodbury, Monona, Harrison, Pottawattamie, Mills, Fremont	\$314,469.50
401	0391	0000	1107	Marion, Marshall, Tama	\$ 19,780.70
401	0391	0000	1109	Dubuque and Story	\$ 96,534.21
401	0391	0000	1110	Emmet	\$ 3,753.05
					<u>\$593,204.23</u>
Request additional funds for disaster deficit:					
401	0391	0000	1108	Dickenson and Benton	-\$ 6,921.46

Request to offset 1108 and 1110 and return to the State Executive Council \$586,282.77.

Thank you for your assistance.

Sincerely,

Charles M. Palmer
Director

cc: Vern Armstrong
Marvin Shultz
Kris Thomas
Lee Hill

Executive Council of Iowa

Capitol Building
Des Moines, Iowa 50319
Phone: 515 281-5368
FAX: 515 281-7562

TAB # 2

RECEIVED

JUL 24 2012

IOWA DEPT. OF
MANAGEMENT

REQUEST FOR MEMBERSHIP APPROVAL

DEPARTMENT REQUESTING MEMBERSHIP: Department of Commerce, Banking Division, Professional Licensing Bureau, Architect Board

NAME OF ORGANIZATION: National Council of Architectural Registration Boards (NCARB) – National dues

NEW MEMBERSHIP _____ **RENEWAL** ☒ **MEMBERSHIP PERIOD:** 7/1/2012 – 6/30/2013
(Beginning and ending dates)

MEMBERSHIP FEE OR DUES AMOUNT \$ 10,500

Funding Source: State General Fund ☐ Other State Funds ☐ Federal Funds

☐ Other Funds ☒ Licensing Fees

If Renewal, previous year amount. \$ 10,500

DO OTHER DEPARTMENTS BELONG TO THIS ORGANIZATION? ☐ Yes ☒ No

If yes, please list: _____

Please describe why your department should have an additional membership _____

WILL THIS MEMBERSHIP REQUIRE AND PAY FOR OUT-OF-STATE TRAVEL? ☒ Yes ☐ No

If yes, list the anticipated number of trips per year and their purpose: 3 trips per year (national, regional and board executive)

DESCRIBE WHY THIS MEMBERSHIP IS IMPORTANT TO THE WORK OF YOUR DEPARTMENT:

NCARB serves as a forum for the nation's State Architecture Registration Boards (exam, licensing, reciprocity, discipline, etc). Member Boards must pay national and regional dues to be active and have access to the examinations that are developed, scored, and administered by NCARB. If the Iowa Board is not a dues-paying Member Board of the NCARB, Iowa would not have access to the examinations. Without access to the standardized examinations, Iowa would not have a means to test candidates for licensure. These candidates would have to go to other states for initial licensure and those application fees and licensure fees would be paid to other licensing jurisdictions. Iowa would only be able to license architects who were previously licensed in other states. Additionally, the Iowa Board has adopted rules which provide that applicants for reciprocity in this state are required to have an NCARB certificate, so NCARB provides this service to the board by reviewing and credentialing architects from other states to assure that applicants meet licensing requirements. This service would not be provided if dues are not paid. The NCARB meetings provide vital information and an opportunity for board members and staff to exchange ideas and information with their peers from other states and countries as well as an opportunity to interact with the officers and staff of NCARB. Iowa has long been a leader in setting standards and policy for the architecture profession. Several members of the Iowa board are serving on committees for NCARB and without their presence at the annual and/or regional meetings; they would likely not have the opportunity to serve in this important role.

DESCRIBE HOW MEMBERSHIP IN THIS ORGANIZATION WILL BENEFIT THE TAXPAYERS OF THE STATE OF IOWA.

Protection of the public and provide uniform law and rules.

DESCRIBE THE FREQUENCY AND TYPE OF CONTACTS YOU EXPECT YOUR DEPARTMENT TO HAVE WITH THIS ORGANIZATION: Weekly, questions and answers, and surveys

Requested by: [Signature]
(Department Head Signature)

Date: 7-24-12

Phone: 281-4014

DOM: Approval ☒ Disapproval ☐

Signature [Signature]

Date 7/24/12

Executive Council of Iowa

Capitol Building
Des Moines, Iowa 50319
Phone: 515 281-5368
FAX: 515 281-7562

REQUEST FOR MEMBERSHIP APPROVAL**DEPARTMENT REQUESTING MEMBERSHIP:** Board of Nursing**NAME OF ORGANIZATION:** National Council of State Boards of Nursing (Nurse Licensure Compact Administrators Secretariat Fee)

NEW MEMBERSHIP ☐ **RENEWAL** ☒ **MEMBERSHIP PERIOD:** 10-1-12 thru 9-30-13
(Beginning and ending dates)

MEMBERSHIP FEE OR DUES AMOUNT \$ 3,000**Funding Source:** State General Fund ☐ Other State Federal Funds ☐**Other Funds** ☒ **Funds** Iowa Code § 147.82 fee supported and 8.2 repayment receipts**If Renewal, previous year amount.** \$ 3,000 ☒**DO OTHER DEPARTMENTS BELONG TO THIS ORGANIZATION?** ☐ Yes ☒ No

Please describe why your department should have an additional membership _____

WILL THIS MEMBERSHIP REQUIRE AND PAY FOR OUT-OF-STATE TRAVEL? ☒ Yes ☐ No
If yes, list the anticipated number of trips per year and their purpose:

Two meetings per year to participate in policy decisions regarding the Nurse Licensure Compact.**DESCRIBE WHY THIS MEMBERSHIP IS IMPORTANT TO THE WORK OF YOUR DEPARTMENT.**Participate in policy decisions with other compact administrators on the uniform administration of the Nurse Licensure Compact.**DESCRIBE HOW MEMBERSHIP IN THIS ORGANIZATION WILL BENEFIT THE TAXPAYERS OF THE STATE OF IOWA.**Regulation of nurses protects the public. Participation in the Nurse Licensure Compact Administrators implements the compact legislation.

DESCRIBE THE FREQUENCY AND TYPE OF CONTACTS YOU EXPECT YOUR DEPARTMENT TO HAVE WITH THIS ORGANIZATION: Daily contact with other compact states regarding license and discipline matters.

Requested by: Mariannette Miller, MEd **Date:** 7/19/2012
(Department Head Signature)
Phone: 515-281-8474

DOM: Approval ☒ Disapproval ☐

Signature [Signature] **Date** 7/25/12

Executive Council of Iowa

Capitol Building
Des Moines, Iowa 50319
Phone: 515 281-5368
FAX: 515 281-7562

REQUEST FOR MEMBERSHIP APPROVALDEPARTMENT REQUESTING MEMBERSHIP: Board of NursingNAME OF ORGANIZATION: National Council of State Boards of Nursing, Inc. ✓ /NEW MEMBERSHIP ☐ RENEWAL ☒ MEMBERSHIP PERIOD: 10-1-12 thru 9-30-13
(Beginning and ending dates)MEMBERSHIP FEE OR DUES AMOUNT \$ 3,000Funding Source: State General Fund ☐ Other State Federal Funds ☐
Other Funds ☒ Funds Iowa Code § 147.82 fee supported and 8.2 repayment receiptsIf Renewal, previous year amount. \$ 3,000 ✓DO OTHER DEPARTMENTS BELONG TO THIS ORGANIZATION? ☐ Yes ☒ No

If yes, please list: _____

Please describe why your department should have an additional membership _____

WILL THIS MEMBERSHIP REQUIRE AND PAY FOR OUT-OF-STATE TRAVEL? ☒ Yes ☐ No
If yes, list the anticipated number of trips per year and their purpose:Two meetings per year to participate in nurse license examination policy decisions.

DESCRIBE WHY THIS MEMBERSHIP IS IMPORTANT TO THE WORK OF YOUR DEPARTMENT:

This organization holds the contract for the nurse license examinations.

DESCRIBE HOW MEMBERSHIP IN THIS ORGANIZATION WILL BENEFIT THE TAXPAYERS OF THE STATE OF IOWA.

Membership in this organization allows use of the license examination for licensing qualified applicants. A supply of nurses contributes to the health and wellbeing of all Iowans.DESCRIBE THE FREQUENCY AND TYPE OF CONTACTS YOU EXPECT YOUR DEPARTMENT TO HAVE WITH THIS ORGANIZATION: Daily contacts relate to license examinations.Requested by: Marianne J. Miller, MEd
(Department Head Signature)Date: 7/19/2012Phone: 515-281-8474DOM: Approval ☒ Disapproval ☐Signature: [Signature] Date: 7/24/12

Membership Form 42400

July 2009

EXECUTIVE COUNCIL

2012 JUL 25 AM 11:5

Executive Council of Iowa

Capitol Building
Des Moines, Iowa 50319
Phone: 515 281-5368
FAX: 515 281-7562

TAB # 5

RECEIVED

JUL 19 2012

IOWA DEPT. OF
MANAGEMENT

REQUEST FOR MEMBERSHIP APPROVAL

DEPARTMENT REQUESTING MEMBERSHIP: Iowa Public Television
NAME OF ORGANIZATION: Public Media Business Assoc. (PMBA) fka Public Broadcasting Management Assoc. (PBMA)
NEW MEMBERSHIP ☐ RENEWAL ☒ MEMBERSHIP PERIOD: 7-1-12 - 6-30-13
(Beginning and ending dates)
MEMBERSHIP FEE OR DUES AMOUNT \$ 925

Funding Source: State General Fund ☐ Other State Funds ☐
Federal Funds ☐ Other Funds ☒ CPB Funds
If Renewal, previous year amount. \$ 925

DO OTHER DEPARTMENTS BELONG TO THIS ORGANIZATION? ☐ Yes ☒ No

If yes, please list: _____

Please describe why your department should have an additional membership _____

WILL THIS MEMBERSHIP REQUIRE AND PAY FOR OUT-OF-STATE TRAVEL? ☐ Yes ☒ No

If yes, list the anticipated number of trips per year and their purpose: _____
No requirement, but we do have staff attend PMBA conferences and workshops.

DESCRIBE WHY THIS MEMBERSHIP IS IMPORTANT TO THE WORK OF YOUR DEPARTMENT.

Continued membership in this association allows Iowa Public Television to receive important accounting, IRS, employee benefit, and public broadcasting information. In addition, member affiliates have access to regional meetings concerning the Corporation for Public Broadcasting's financial reporting requirements.

DESCRIBE HOW MEMBERSHIP IN THIS ORGANIZATION WILL BENEFIT THE TAXPAYERS OF THE STATE OF IOWA. 1. Registration costs are lower for members. 2. PMBA is the sponsor of a Best Practices Reporting System for public Television stations. The analysis identifies important industry trends and allows public television stations to develop a more strategic understanding of the industry's business and fund-raising practices.

DESCRIBE THE FREQUENCY AND TYPE OF CONTACTS YOU EXPECT YOUR DEPARTMENT TO HAVE WITH THIS ORGANIZATION: Weekly e-mail newsletters from PMBA; twice a year through conferences and workshops we attend; periodically through audio seminars that deliver up-to-the-minute information and live interaction in a variety of topics.

Requested by: Daniel K. Miller Date: 7/17/12
(Department Head Signature)
Daniel K. Miller, Executive director of General manager
Phone: 2-3123

DOM: Approval ☒ Disapproval ☐

Signature Daniel K. Miller Date 7/23/12